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APPLICANTS

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**** CONTINUING DATA *******

This application is a DIV of 09/316,761 05/21/1999 PAT 6,589,954 which is a CIP of 09/275,176
 03/24/1999 PAT 6,340,685
 which is a CIP of 09/128,137 08/03/1998 PAT 6,130,235
 which claims benefit of 60/086,531 05/22/1998

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 04/09/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	0	40	1
Verified and Acknowledged	<i>[Signature]</i> <i>[Initials]</i>	Examiner's Signature			

ADDRESS

25225

TITLE

Compounds and methods to treat cardiac failure and other disorders

FILING FEE RECEIVED 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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